SCHOOL DISTRICT OF NEW LONDON

APPLICATION FOR FAMILY AND MEDICAL LEAVE

(return this Application to the District Office)

Name: Position:

When did you initially contact the District regarding your request for leave of absence?

1. Whom did you contact?

2. How was the person contacted? ☐ Phone ☐ E-mail ☐ Other:

4. I hereby request a leave of absence under the Federal and Wisconsin Family and Medical Leave Act laws. The leave of absence is requested for the following reason (please check the appropriate box):

   a. ☐ The birth of my son or daughter and to care for such child.
   b. ☐ The placement of a son or daughter with me for adoption.
   c. ☐ The placement of a son or daughter with me for foster care (FMLA only).
   d. ☐ To care for my ☐ spouse, ☐ child (age:), or ☐ parent who has a serious health condition.
   e. ☐ My serious health condition that makes me unable to perform the essential functions of my job.

5. Start Date of Anticipated Leave:

6. Expected Date of Return to Work:

Note: Reasonable notice is expected when requesting time off. An employee must schedule leave for planned medical treatment in a manner that does not unduly disrupt the operation of the School District of New London.

An employee requesting leave for the employee's serious health condition or the serious health condition of the employee's family member must submit a verifying medical certification from a physician with fifteen (15) calendar days of application for leave or within fifteen (15) calendar days of other requests by the School District of New London.

By execution of this request form, I hereby authorize the Health Care Provider, as my duly authorized spokesperson, to provide such medical information as requested on the attached Certification of Health Care Provider by the School District of New London, without liability for such release of information.

I understand that this application is valid for the above reason and time period only, and a failure to return to work at the end of my leave period my be treated as a resignation unless an extension has been agreed upon and approved in writing by the School District of New London.

Date: _____ _____

Employee Signature

RECEIVED BY DISTRICT ADMINISTRATOR:

Date: _____ _____

District Administrator Signature